

# **Table of Contents**

**State/Territory: Louisiana**

**State Plan Amendment (SPA) #: 23-0025**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-14-26  
Baltimore, Maryland 21244-1850



**Center for Medicaid and CHIP Services**

**Medical Benefits Health Programs Group**

December 7, 2023

Kimberly Sullivan  
Interim Medicaid Executive Director  
Louisiana Department of Health  
628 North 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

Dear Kimberly Sullivan,

The CMS Division of Pharmacy team has reviewed Louisiana's State Plan Amendment (SPA) 23-0025 received in the CMS Medicaid & CHIP Operations Group on September 13, 2023. This SPA proposes to reimburse clotting factors using the Louisiana clotting factor average acquisition cost (AAC) and a unit based professional dispensing fee reimbursement methodology. The clotting factor professional dispensing fee is \$0.03500 per unit dispensed, up to a maximum amount of \$1,676.22.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 23-0025 is approved with an effective date of October 1, 2023. Our review was limited to the materials necessary to evaluate the SPA under applicable federal laws and regulations.

We are attaching a copy of the signed CMS-179 form, as well as the page approved for incorporation into Louisiana's state plan. If you have any questions regarding this amendment, please contact Terry Simananda at (410) 786-8144 or [terry.simananda@cms.hhs.gov](mailto:terry.simananda@cms.hhs.gov).

Sincerely,  
**Mickey D.  
Morgan -S**

Digitally signed by Mickey D.  
Morgan -S  
Date: 2023.12.07 16:33:49  
-05'00'

Mickey Morgan  
Deputy Director  
Division of Pharmacy

cc: Karen Barnes, Louisiana Department of Health and Human Services  
Marjorie Jenkins, Louisiana Department of Health and Human Services  
Krystal Ceasor, Louisiana Department of Health and Human Services  
Najah Freeman, Louisiana Department of Health and Human Services  
Ucheoma Nwagbara, Louisiana Department of Health and Human Services  
Tobias Griffin, Louisiana Medicaid State Lead, CMS

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER  
**23-0025**

2. STATE  
**LA**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**October 1, 2023**

5. FEDERAL STATUTE/REGULATION CITATION

**42 CFR 447 Subpart I**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024      \$ (5,751,950)

b. FFY 2025      \$ (5,780,850)

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-B, Item 12a, Page 4**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

**Same (TN 19-0007)**

9. SUBJECT OF AMENDMENT

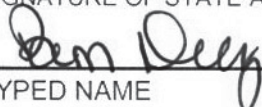
**The purpose of this SPA is to amend the provisions governing the Pharmacy Benefits Management program in order to change the reimbursement methodology for clotting factor products to a state generated actual acquisition cost (AAC) ingredient cost and a unit based professional dispensing fee.**

10. GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:  
The Governor does not review State Plan material.

11. SIGNATURE OF STATE AGENCY OFFICIAL



12. TYPED NAME

**Pam Diez, designee for Stephen R. Russo, JD**

13. TITLE

**Secretary**

14. DATE SUBMITTED

**September 13, 2023**

15. RETURN TO

**Kimberly Sullivan  
Interim Medicaid Executive Director  
Louisiana Department of Health  
628 North 4<sup>th</sup> Street  
P.O. Box 91030  
Baton Rouge, LA 70821-9030**

**FOR CMS USE ONLY**

16. DATE RECEIVED  
**September 13, 2023**

17. DATE APPROVED  
**December 7, 2023**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

**October 1, 2023**

19. SIGNATURE OF APPROVING OFFICIAL

**Mickey D. Morgan -S** Digitally signed by Mickey D. Morgan -S  
Date: 2023.12.07 16:34:30 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL

**Mickey Morgan**

21. TITLE OF APPROVING OFFICIAL

**Deputy Director, Division of Pharmacy**

22. REMARKS

STATE OF LOUISIANA

**PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES**

---

**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1902(a) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:**

**3. 340B Physician Administered Drugs**

For those Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) that are reimbursing using the encounter rate, reimbursement for 340B physician administered drugs will be encompassed in the all-inclusive rate. All other 340B physician administered drugs will be reimbursed in accordance with Section 2, Outpatient Hospital Setting.

**Clotting Factor**

Pharmacy claims for clotting factor, with the exception of Hemlibra, shall be reimbursed using the Louisiana clotting factor average acquisition cost (AAC) and a unit based professional dispensing fee reimbursement methodology. The clotting factor professional dispensing fee is \$0.03500 per unit dispensed, up to a maximum amount of \$1,676.22. Hemlibra shall be reimbursed using the brand/generic reimbursement methodology.

**Investigational or Experimental Drugs**

Investigational or experimental drugs shall not be reimbursed by Louisiana Medicaid.